

In discussing the private life of people from earlier eras, and especially in placing them in categories with labels that they might not have applied to themselves, historians need to exercise great caution to prevent anachronistic distortions.¹¹ The terms *gay*, *lesbian*, *bisexual*, *transgender*, and *homosexual* are used here without the further refinements that would be appropriate in book-length biographies of these people, and within this article such adjectives do not indicate trans-historical and universal categories but are simply a convenient first approximation for calling our attention to specific examples and allowing the exploration of new questions and a new area of research.¹²

FIVE LIVES, PERSONAL AND PROFESSIONAL

Individual biographies are used here to explore the larger questions without losing the texture of intimacy in people's lives. Some of the interactions of personal life with career highlighted here also appear in heterosexuals' experiences, of course, but others are peculiar to homosexuality and to the antigay oppression that affected both lesbians and gay men (though often in different ways). Additionally, lesbians faced sexism that most men escaped.

Unmarried gay and lesbian physicians in the first half of the 20th century shared many of the same opportunities and difficulties as single people in general. Four of the 5 people discussed in this article remained unmarried, but they all received significant emotional and practical support in their careers from domestic partners (even where they lacked the public recognition of a mar-

riage). These 5 people all made administration a significant part of their careers along with their clinical, research, and other programmatic activities; whether having a supportive partner but no children might have facilitated their pursuit of management responsibilities is perhaps worthy of closer attention.

These homosexuals faced hostility and worked hard at countering discrimination. Usually they tried to avoid being treated as "different" by colleagues. From an awareness of society's reactions to nonheterosexuality, they came to see the world in general from an outsider perspective, even as they were achieving professional advancement, renown, and, in some cases, substantial public responsibility. Some experienced support from and solidarity with others in similar situations and seem to have drawn from those experiences a commitment to working for members of other disadvantaged groups. Among the lesbians, this ambition was cultivated through social and political networking within such same-sex communities as the suffrage movement and settlement house circles. In one case, a physician (Sullivan) developed specific theories and clinical practices based on his personal experience of sexuality. While other examples of historically significant gay and lesbian physicians could have been included in a longer study (e.g., Oswald T. Avery, Alphonse Dochez, Louise Pearce, and William H. Welch), the number of known gay and lesbian figures in the history of science and medicine is still very small.¹³ Furthermore, at this stage, my historical research has an unavoidable bias favoring people in long-term relationships simply because those partner-

ships call attention to possibly relevant examples and because the relationships sometimes furnish crucial evidence in a situation where documents of private life have so often been lost or suppressed, especially by homosexuals and their families.

SARA JOSEPHINE BAKER, 1873–1945: MEDICINE, PUBLIC HEALTH, CHILD WELFARE

Working from within the medical profession and the public health bureaucracy, Dr Baker achieved unprecedented breakthroughs in child hygiene and in preventive medicine more generally.¹⁴ In 1908, with the groundwork already laid by Baker and her colleagues, an innovative division (later a bureau) of child hygiene was established by the New York City Health Department and placed under Baker's

S. Josephine Baker, MD, date unknown. (Photograph courtesy of National Library of Medicine, Bethesda, Md.)



direction. Data from her pilot programs confirmed her argument that infant mortality could be lowered far more by preventive interventions within the family than by delivering medical care to sick babies. To the already established clean-milk stations, Baker added a changing mix of maternal education, wide use of visiting nurses, help for the young girls who often were forced to care for their infant siblings, and improvements in the training of midwives. Her approach was widely copied by other city and state health departments, as well as by the United States Children's Bureau, which opened in 1912. From 1908 to 1918, New York City's infant mortality fell from 144 to 88 per 1000 live births. While Baker's primary focus was infants and children, her successes helped create a place for preventive medicine in general as an adjunct to public health. Baker promised herself she would retire when every state in the union had a child hygiene service, and the spread of her ideas enabled her to do that in 1923 at age 50, although she continued her activism as a consultant to national and international organizations for many years.

Baker's career bridged eras, cultures, and contradictions; through it all, she drew emotional and intellectual support from female partners and a wider circle of feminist friends. She had grown up among Victorian notions of female difference, and she trained at the women's medical college founded by Dr Elizabeth Blackwell and still run by her sister, Dr Emily Blackwell.¹⁵ But "Jo" Baker, consciously modeling herself on the fiercely independent Jo in *Little Women*, cultivated a self-image of being tough

when it was required to get the job done, and she recounted many stories about this approach, such as her handling drunken husbands in tenement apartments, forcing vaccinations on men in Bowery flophouses, and being more comfortable working with the political machine of Tammany Hall than with reform administrations.¹⁶

Baker took intellectual and emotional pleasure in meeting the engineering, bureaucratic, and public relations challenges of public health, while long maintaining a lucrative private medical practice until her executive responsibilities became too demanding. She adopted a mannish style of dress with tailored suits, high collars, and neckties because it allowed her to reduce the visible anomaly of being a woman in a man's profession. And she loved the story of a medical colleague's moaning to her about the deficiencies of women doctors until she brought him up short by asking, "What kind of creature do you think you are talking to now?" He could only blush and reply that "I'd entirely forgotten that you were a woman."¹⁷ But even if this doctor had momentarily forgotten Dr Baker's sex, people in general did not, and she was forced to surmount the obstacles of gender discrimination throughout her career.

Like many other "new women" of the early 20th century with their successful careers, Baker and her friends played with aspects of masculinity (Baker's partner for many years, the well-known novelist Ida Wylie, was called "Uncle" by close associates), but they did not identify with men's view of things.¹⁸ As Wylie wryly explained, "When I hear brave

tales about the Pilgrim Fathers I know it was the Pilgrim Mothers who did the dirty work and held the fort. I take off all my hats to them."¹⁹ Wylie and Baker were numbered among the hundred or so women belonging to Heterodoxy, a biweekly luncheon discussion club of free-thinking and free-spirited women, of whom perhaps a quarter were lesbian or bisexual.²⁰ In the mid-1930s, after Baker retired, she moved to New Jersey, where she and Wylie shared a house and farm with another physician, Louise Pearce. Known locally as "the girls," the three lived together until Baker's death in 1945; Wylie and Pearce continued living there until both died in 1959.²¹

HARRY STACK SULLIVAN, 1892–1949: PSYCHIATRY

Following a rapid rise to national and international attention in the 1920s, Sullivan remained among the most famous of American psychiatrists through the 1940s. With colleagues, he founded the Washington (DC) School of Psychiatry, the William Alanson White Institute in New York City, and the journal *Psychiatry*.²² To some he was "the American Freud" or "the man who Americanized Freud." Recognized for his efforts to establish a unitary theory of psyche and personality development based on the interpersonal event as the basic unit, Sullivan's work paid special "attention to the larger interpersonal world into which each individual is born and struggles to make connections. His vision was of a psychiatry that was fully integrated into the social sciences." Sullivan published relatively little of his work during his lifetime, and his writ-

ing was difficult for many readers. After Sullivan's death, his reputation declined (apparently due in part to homophobia), despite the fact that his "ideas have been thoroughly incorporated into the conventional wisdom of psychiatry."²³

A substantial biography by Helen Swick Perry, who worked with Sullivan late in his career, mentions Sullivan's relationship with Jimmie Inscow, who lived with him for over 20 years, until Sullivan's death. Although some contemporaries and some historians have regarded Jimmie as an unofficially adopted son, he was Sullivan's domestic partner; and it appears that Sullivan's closest colleagues, friends, and patients (including Margaret Bourke-White, Katharine Dunham, Erich Fromm, Harold Lasswell, Edward Sapir, and Clara Thompson) accepted Jimmie as much as they would have accepted a spouse. But more interestingly, Sullivan's homosexuality was not just a facet of his personal life; it was an important, if long obscured, factor in his psychiatric work—both theoretical and clinical.

Research by Michael Stuart Allen has now established that Sullivan drew deeply and in interesting ways upon his difficult experiences as a gay man. Although Allen's nuanced interpretation of his discoveries is not easily compressed into a brief account, the story may be sketched as follows. In 1925 at Sheppard—Enoch Pratt Hospital in Baltimore, Sullivan was allowed to completely take over a men's unit of schizophrenic patients, from which he excluded other physicians, all female staff, and all male staff except for those he personally selected. As an exploration and an informal therapeutic experiment, Sullivan created

for his patients an all-male community and permitted them little contact with outsiders. In this circumscribed world, he intended his patients to experience interpersonal interactions with the comfort and security of preadolescent boys. This included allowing patients to acknowledge homoerotic feelings, since he believed that same-sex interactions were a normal part of preadolescent development on the path to normal heterosexuality and that in these men these feelings had been blocked, leaving them "hopelessly lost in the welter of dream-thinking and cosmic fantasy making up the mental illness."²⁴ Within this specially protected milieu, patients and staff openly joked around and safely touched and hugged each other. This supportive environment sometimes allowed patients to escape from their private disturbed worlds and to establish more normal interactions with others on the unit. For some patients, significant improvements were reported in what had been taken as irremediable cases; some were released from the hospital to return to their families, at least for some time. In 1929, Sullivan resigned over a budget dispute, ended the experiment, and never published any systematic account of its results.²⁵

Historians of science are both frustrated and intrigued by significant experiments that fail to be written up by the investigator. The puzzle is more challenging when the experimenter's personality is so fully involved. The mystery of Sullivan's theory about youthful homoeroticism and its impact on healthy personality development is made more alluring by Sullivan's active suppression of biographical information about his own youth and,



Harry Stack Sullivan, MD, photographed by Margaret Bourke-White, ca. 1935. (Photograph courtesy of The Washington School of Psychiatry, Washington, DC.)

further, by the possibility that he had experienced a nervous breakdown at the time he was suspended from college during his first year at Cornell. Despite the brevity of this account, historians will recognize here a fascinating episode. Now that an explicit search to link Sullivan's homosexuality to his work has been so productive, we may hope that others will follow this lead in showing the effects of homosexuality not just on the career patterns of other scientists and clinicians but on their intellectual work.²⁶

ETHEL COLLINS DUNHAM, 1883–1969: PEDIATRICS, NEONATOLOGY, HEALTH EDUCATION; MARTHA MAY ELIOT, 1891–1978: PEDIATRICS, CLINICAL RESEARCH, PUBLIC HEALTH, CHILD WELFARE

While Dunham and Eliot are each worthy of individual attention, their shared personal life has such an intimate connection with their careers that a combined narrative better illustrates their close relationship of 59 years. They achieved major professional positions at Yale, at Harvard, and in government, even while they were making careful career choices to maintain the continuity of their domestic partnership.²⁷ Each was also accorded public honors for leadership in pediatrics, child welfare, and public health. In 1948, Eliot was the first woman elected president of the American Public Health Association (APHA), and in the same year she was awarded a Lasker Medal. She was the first woman to be honored, in 1958, with the Sedgwick Memorial Medal, the APHA's most prestigious annual award. Both women received the John Howland Medal, the highest

honor given by the American Pediatric Society (Dunham in 1957 and Eliot in 1967), the first and second women to receive this award. In 1964, the APHA honored Eliot by establishing the Martha May Eliot Award for outstanding service to maternal and child health.

Eliot and Dunham met in 1910 during their undergraduate days and remained a couple until Dunham's death in 1969. Dunham was 8 years older and entered college in her mid-20s. When Eliot graduated from college a year before her friend, she delayed entry to medical school by a year so they could enter Johns Hopkins together. Graduating very high in her medical school class, Eliot was guaranteed an internship at Johns Hopkins, but when Dunham's application was rejected, Eliot opted instead for one in Boston, where she thought Dunham's prospects would be good. But their plans were thwarted when a wartime shortage in men opened up more places for women at Johns Hopkins and Dunham was given a belated opportunity for a residency there. Despite visits, the year's separation was difficult for them. The next year, they again found coordination of opportuni-

ties impossible, with Eliot going to a pediatrics residency at St Louis Children's Hospital and Dunham to New Haven Hospital.

For the following year, Eliot decided to forgo a second year in St Louis to move to Boston, feeling that she could find ways to bring Dunham there. She started a private practice, but her social medicine leanings made her frustrated, until good fortune united the women again—at least in the same city. Eliot was invited to be the first resident physician for Yale's new department of pediatrics. "The only drawback was that the position required Martha to live in the university hospital. Yet she managed to take many of her meals and to sleep often in Ethel's apartment," Lillian Faderman writes.²⁸ At this time, Eliot's revealing letters to her mother were often on the stationery of "Ethel C. Dunham, MD." A few years later, when they found a house to share, Eliot wrote her mother about what she called "Excitement no. 1" (new funding for her research) and "Excitement no. 2" (the house). Faderman observed that Eliot "does not hide the fact that although the new house has two bedrooms, she and Ethel sleep in the same room."²⁹

They both maintained positions at Yale for many years. Even when Eliot took her first post in the US Children's Bureau in 1924 (as director of the child hygiene division), she negotiated an arrangement that allowed her to work mostly from New Haven and spend only about 1 week a month in Washington. Only in 1935, when Eliot was promoted to assistant chief of the bureau and Dunham became the bureau's director of child development, did they move to the capital. While Eliot's tenure as

Martha May Eliot and Ethel Collins Dunham during their medical studies at Johns Hopkins University, ca. 1916. (Photograph courtesy of Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, Mass.)



assistant and then associate chief from 1935 to 1949 and her return from international work to serve as chief from 1951 to 1956 are well known, those titles belie the importance of her contributions. Regarding the long tenure of Katharine Lenroot, who was made chief in 1935 and served until 1951, one historian has observed that the Children's Bureau had "some glorious moments, but these were often triumphs engineered by Martha Eliot." In fact, Eliot had been a leading candidate for chief as early as 1935, backed by the male-oriented forces in pediatrics and opposed by much of the female-oriented social work establishment.³⁰

Eliot and Dunham produced important scientific research that should not be overshadowed by their achievements in administration and policy. Dunham's work helped pediatricians gain a place alongside obstetricians in the nursery. Working through the American Pediatric Society and the Children's Bureau, she established standards for care of newborns, both full term and premature. She endeavored to bring the latest ideas on the care of infants from the hospital into the community with such innovations as discharge planning and coordination with health departments. She also exerted wide influence through popular writing and lecturing on the practical applications of the new knowledge and standards.

Eliot's most famous research contributions were studies of rickets. It had recently become known how rickets, once diagnosed, could be relieved by nutrition supplements, but Eliot realized that expensive diagnosis and intensive therapy would not save enough children from this

widely prevalent scourge.

Through x-rays she improved the early diagnosis, and she coordinated the studies that established minimum daily requirements for vitamins so that all children could be saved through cheap, universal prevention.³¹

Neither woman's obituary in the *New York Times* mentions their domestic partnership, but the opening line of Eliot's offers an image that fits them both; it called Dr Eliot "an unmarried woman who devoted her life to problems of maternity and child care."³² This appreciative characterization would apply equally to Dr Baker and a fair number of other lesbians in medicine and social service for the decades prior to mid-century. For many of the lesbians in public service, their relationships and careers were mutually supportive, and Eliot's predecessor as bureau chief, Katharine Lenroot, also lived with a female companion.

But such public-spirited single women were not always respected. The aggressive, public homophobia that Eliot, Dunham, and others faced at times is indicated by such comments as these by Senator James Reed of Missouri, in a tirade against the Children's Bureau in 1921 printed in the *Congressional Record*. Mocking what he called "female celibates . . . too refined to have a husband," his speech provoked repeated outbreaks of laughter when he proclaimed that "it seems to be the established doctrine of the bureau that the only people capable of caring for babies and mothers of babies are ladies who have never had babies." He sarcastically proposed a "committee of mothers to take charge of the old maids and teach them how to acquire a husband and have babies of their

own."³³ The journal of one state medical society asserted that the Sheppard-Towner Act to promote the welfare and hygiene of maternity and infancy was "sponsored by endocrine perverts [and] derailed menopausers."³⁴

Attacks based on this newly popular imagery connecting hormones with sex differences and sexual orientation were directed even at the women's heterosexual allies, such as Dr Edwards Park, a married man who publicly supported Dr Eliot when the Children's Bureau was under attack. In 1930, Dr Haven Emerson (former health commissioner of New York City and then dean of the Columbia University School of Public Health) charged Dr Park, professor and chair of pediatrics at Johns Hopkins, with having "rushed, in an endocrinological manner to the aid of embattled feminism." Ironically, Dr Parks's support of Dr Eliot was not just public and professional; it was personal and familial as well, illustrating how these domestic partnerships were warmly supported by professional colleagues. Park frequently closed his letters to Martha Eliot with "Give my love to Ethel."³⁵

ALAN L. HART, 1890–1962: MEDICINE, PUBLIC HEALTH, RADIOLOGY

Dr Hart is the least famous of our examples, but his life reveals other aspects of the often invisible adjustments and compromises made by queer people of earlier generations in the quest for personal and professional happiness. Hart was a public health physician, a tuberculosis (TB) expert, and a medical administrator. Additionally, Hart was a successful writer, the author of 4 novels and



Alan L. Hart, MD, on the dust jacket of *These Mysterious Rays*, 1943. (Photograph from author's collection, New York, NY.)

a popular book about x-rays in medicine. While his 5 books, which appeared between 1935 and 1943, are little known today, they were published by major houses and reviewed in the *New York Times*. A dust-jacket author's photo from about 1943 is shown at left.

Alan Hart was born in 1890 in

Kansas and raised in Oregon. Hart graduated from Stanford in 1912 and earned a medical degree from the University of Oregon in 1917. He married the next year and divorced 7 years later. In 1925, when associated with the New York Post-Graduate Hospital, Hart married Edna Ruddick, a social worker with a graduate degree from Columbia and expertise in tuberculosis. In 1930, Hart earned a master's degree in radiology from the University of

Pennsylvania and worked at the Henry Phipps Institute in Philadelphia. For most of the 1930s and through the war, he worked in TB control in Idaho, also reading recruits' chest x-rays for the military in Seattle. In 1945, Hart became Connecticut's director of TB control, hospital care, and rehabilitation; he retained this position for 17 years, until his death at age 72. Shortly after arriving in Connecticut, Hart had earned a master's degree in public health from Yale. Dr and Mrs Hart resided in suburban Hartford, and they belonged to the Unitarian meeting there from 1945 until Dr Hart's death in 1962. Mrs Hart continued living there until her death in 1982.

Dr Alan Hart's public life is not an especially striking career (except for his being a physician novelist), and his importance to this selection of gay lives is not obvious. His place in this study is, however, not as a gay or bisexual man. Alan Hart was, in fact, born and raised as Alberta Lucille Hart.³⁶ A yearbook photograph of Hart at age 21 is shown below; Alberta Hart is at the

upper right. After earning a medical degree in 1917, Alberta Hart chose to live as a man—publicly, professionally, and personally. And he succeeded through postgraduate education at Yale and the University of Pennsylvania, positions of substantial executive responsibility, success as a novelist, and 2 marriages to women (the second lasting 37 years).

Hart's choice of a masculine persona might have been a shield from discrimination and homophobia, or it might have been the realization of a deeper sense of identity. Unfortunately, the historical record is very thin, and we have no personal documents to help us understand the choices made in his long and productive career. For Hart, we can only put on record the outward facts and acknowledge that we are likely to remain sadly ignorant of his intimate life and his feelings. Hart died in 1962, about a decade before an activist movement broke the power of antigay forces in psychiatry and long before transgender activists started making some headway in challenging the gay/lesbian movement on its binary views of sex and gender identity.

CONCLUSION

These lives illustrate some ways that private sexuality, sexual orientation, and public careers affected each other and indicate how this interaction sometimes shaped intellectual achievements. For Hart, there seems to have been little connection between his personal situation and the intellectual content of his professional work; in contrast was Sullivan's career, in which homosexuality played a major role. For Baker, Dunham, and Eliot, the connection of public and private life, if one can be dis-



Alberta Lucille Hart (upper row, far right) in Albany College Yearbook, 1911, among yearbook's editorial staff with stuffed owl as mascot. (Photograph courtesy of Lewis and Clark College Archives, Portland, Ore.)

cerned, seems clearest in the empathy they brought to meeting the needs of the women and children whom they served, as well as in their lifelong commitment to bettering the circumstances of the disadvantaged. For all five, professional success depended heavily on the emotional support and professional assistance provided by a long-term partner who was recognized and accepted by colleagues as part of the scientist's family unit. When these historical questions are pursued in further studies and the number of examples increases, research will surely find more connections between the private and the public than this small cluster of brief stories can suggest.

As noted earlier, certain of the features of these lives would appear as well in the history of heterosexual scientific careers, but many are peculiar to the nature of antigay oppression. For these people, the most common self-protective strategy was silence: simply "staying in the closet." Yet with careful management, this approach did not isolate them, and they enjoyed the informal networks of same-sex communities. Except for Hart, they lived relatively frank lives while stopping short of the public declarations that became both safer and more helpful after a gay liberation movement had begun. A 19th-century observation—that people make their own history but do not get to choose the circumstances in which they make it—has been a steady guide in this study's attempt to understand these people's lives in a scientific, historically sound, and contextual manner, while not denying ourselves an emotional engagement with them across the decades and an appreciation for their lives and achievements. ■

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Endnotes

1. This quotation appears in slightly different words on p. 118 of the American edition of *Three Founders of Modern Medicine* (New York: Walden Publications, 1939). Loren R. Graham kindly provided this translation from the 1915 Russian edition.

2. Howard Brown, *Familiar Faces, Hidden Lives: The Story of Homosexual Men in America Today* (New York: Harcourt Brace Jovanovich, 1989), viii; reprint of the 1976 edition with a new introduction by Randy Shilts.

3. *Ibid.*, 28.

4. In the secondary literature of history of science and medicine, homosexuality appears primarily as the subject of medical investigation or clinical care, not as a characteristic of practitioners. See Bert Hansen, "American Physicians' 'Discovery' of Homosexuals, 1880–1900: A New Diagnosis in a Changing Society," in *Framing Disease: Studies in Cultural History*, ed. Charles E. Rosenberg and Janet L. Golden (New Brunswick, NJ: Rutgers University Press, 1992), 104–133; reprinted in *Sickness and Health in America: Readings in the History of Medicine and Public Health*,

3rd ed. Judith Walzer Leavitt and Ronald L. Numbers (Madison: University of Wisconsin Press, 1997), 13–31; Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (New York: Basic Books, 1981); *Science and Homosexualities*, ed. Vernon A. Rosario (New York: Routledge, 1997); and Jennifer Terry, *An American Obsession: Science, Medicine, and the Place of Homosexuality in Modern Society* (Chicago: University of Chicago Press, 1999).

5. *Who's Who in Gay and Lesbian History From Antiquity to World War II*, ed. Robert Aldrich and Garry Witherpoon (New York: Routledge, 2001).

6. When interviewed in the 1990s, gay and lesbian physicians working in the AIDS field often mentioned their unsuccessful searching for mentors and role models who could help them discover how to be both gay and a good doctor; see Ronald Bayer and Gerald M. Oppenheimer, *AIDS Doctors: Voices From the Epidemic* (New York: Oxford University Press, 2000).

7. No gay or lesbian couples are included even in the excellent *Creative Couples in the Sciences*, ed. Helena M. Pycior, Nancy G. Slack, and Prina G. Abir-Am (New Brunswick, NJ: Rutgers University Press, 1996). Regina M. Morantz-Sanchez briefly mentions the possibility of lesbian relationships in "The Many Faces of Intimacy: Professional Options and Personal Choices Among Nineteenth- and Early Twentieth-Century Women Physicians," in *Uneasy Careers and Intimate Lives: Women in Science, 1789–1979*, ed. Prina G. Abir-Am and Dorinda Outram (New Brunswick, NJ: Rutgers University Press, 1987), 57.

8. *Dictionary of Scientific Biography*, 18 vols. ed. Charles Coulston Gillispie (New York: Charles Scribner's Sons, 1970–1990).

9. *Dictionary of American Medical Biography*, ed. Martin Kaufman, Stuart Galishoff, and Todd L. Savitt (Westport, Conn: Greenwood Press, 1984).

10. Brown, *Familiar Faces*, 142.

11. For homosexuality, this is an even more problematic issue since some historians argue that the homosexual identity emerged only in the 19th century. These historians regard "the social construction of homosexuality" as a fact (even if they debate its character, geographical variation, and timing), while those opposing them espouse an "essentialist" position, seeing homosexuality as an orientation that appears in most or all cultures throughout history. The "constructionist" position seems far superior, as I have argued elsewhere. The present study, however, employs a

terminology that both viewpoints share because the examples are drawn from after the era commonly accepted for the emergence of homosexuality. Further, the lives examined are all from the United States during a relatively short period in the recent past. The social constructionist viewpoint is explained and the main writings on both sides of the debate are cited in Hansen, "American Physicians' 'Discovery' of Homosexuals"; see also Bert Hansen, "The Historical Construction of Homosexuality: Jeffrey Weeks, Coming Out," *Radical History Review* 20 (Spring/Summer 1979): 66–71.

12. For reasons of space, only a selection of the evidence for characterizing the sexual orientation of the 5 figures in this study could be included. My judgments are based on the more extensive evidence found in the sources that are cited for each person.

13. I have examined other examples from scientific fields beyond medicine and public health, including anthropology, chemistry, economics, mathematics, and zoology, in an unpublished lecture titled "Has the Laboratory Been a Closet? Gay and Lesbian Lives in the History of Science."

14. S. Josephine Baker, *Fighting for Life* (New York: Macmillan Co, 1939); Judith Schwarz, *Radical Feminists of Heterodoxy: Greenwich Village, 1912–1940*, revised ed. (Norwich, VT: New Victoria Publishers, 1986), 66–69; Regina Morantz-Sanchez, "Sara Josephine Baker," *American National Biography*, vol. 2 (New York: Oxford University Press, 1999), 32–34; George Rosen, "Sara Josephine Baker," *Dictionary of American Biography*, Suppl. 3 (New York: Scribner's, 1973), 27–29; Richard A. Meckel, *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality, 1850–1929* (Baltimore: Johns Hopkins University Press, 1990), 134–139.

15. Baker, *Fighting for Life*, 33–35.

16. *Ibid.*, 48–51, 67–68, 94.

17. *Ibid.*, 66.

18. IAR Wylie, *My Life With George: An Unconventional Autobiography* (New York: Random House, 1940); see also Schwarz, *Radical Feminists*, 86–88, and Diana Souhami, *The Trials of Radclyffe Hall* (London: Weidenfeld and Nicolson, 1998), 248–249.

19. Wylie, *My Life*, 287.

20. Schwarz, *Radical Feminists*, 75–93.

21. *Ibid.*, 87–88.

22. Arthur H. Chapman, *Harry Stack Sullivan: His Life and His Work* (New

York: Putnam, 1976); Patrick Mullahy, *The Beginnings of Modern American Psychiatry: The Ideas of Harry Stack Sullivan* (Boston: Houghton Mifflin, 1973); Helen Swick Perry, *Psychiatrist of America: The Life of Harry Stack Sullivan* (Cambridge, Mass: Belknap Press, 1982); Michael M. Sokal, "Harry Stack Sullivan," in *Dictionary of American Medical Biography*, 725–726; Michael S. Allen, "Sullivan's Closet: A Reappraisal of Harry Stack Sullivan's Life and His Pioneering Role in American Psychiatry," *Journal of Homosexuality* 29 (1995): 1–18. Jon Harned, "Harry Stack Sullivan and the Gay Psychoanalysis," *American Imago* 55 (1998): 299–317, ignores Allen's pioneering article. Chapman, "Harry Stack Sullivan," *American National Biography*, Vol. 21 (1999): 109–110, fails to list Allen's article in its bibliography. A shorter, revised version of Allen's 1995 article appeared as "The Island of Dr. Sullivan," *The Gay and Lesbian Review* 7 (Winter 2000): 16–19.

23. Quotations are from Allen, "Sullivan's Closet," p. 4.

24. Sullivan, "Archaic Sexual Culture and Schizophrenia" (1930), in *Schizophrenia as a Human Process*, ed. Helen Swick Perry (New York: Norton and Company, 1962), 212.

25. General ideas connected with this work appeared in "Archaic Sexual Culture," but that paper provided no numerical data and no case studies, nor any reference to the therapeutic arrangements in the special hospital unit.

26. That homosexual experience has helped shape scientific work in fields beyond psychology is also clear from an examination of writings on probability by the economist and philosopher John Maynard Keynes (1883–1946). Jeffrey Escoffier observed that Keynes's "work on probability was rooted in his [skepticism about people's taking] the statistical norm [as] the ethical norm." Escoffier showed that Keynes was also suspicious about people's using "the idea of the long run to justify unfair or unrealistic policies," and that both of these positions were tied to an awareness of how these notions could support negative judgments about homosexuals; see Escoffier, *John Maynard Keynes* (New York: Chelsea House Publishers, 1994), 127.

27. Lillian Faderman, *To Believe in Women: What Lesbians Have Done for America—A History* (Boston: Houghton Mifflin, 1999), 291–305. Also important are Jessie M. Bierman, "Martha May Eliot, MD, an Introduction," *Clinical Pediatrics* 5 (September 1966):

569–587; Harry H. Gordon, "Presentation of the John Howland Medal and Award of the American Pediatric Society to Dr. Ethel C. Dunham," *A M A Journal of the Diseases of Children* 94 (October 1957): 367–371; Marion Hunt, "Extraordinarily Interesting and Happy Years: Martha M. Eliot and Pediatrics at Yale, 1921–1935," *Yale Journal of Biology and Medicine* 68 (1995): 159–170; Hunt, "Ethel Collins Dunham," *American National Biography*, Vol. 7 (1999): 84–86; Richard J. Wolfe, "Martha May Eliot," *American National Biography*, Vol. 7 (1999): 402–403; and 3 obituaries: "Dr. Ethel Dunham, 86, Fighter To Save Premature Babies, Dies," *New York Times*, 15 December 1969, p. 47; "Martha Eliot; Worked in Child Care," *New York Times*, 23 February 1978, Section II, p. 2; and "Martha May Eliot, MD," *American Journal of Public Health* 68 (1978): 696–700.

28. Faderman, *To Believe in Women*, 298.

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30. Jacqueline K. Parker, "Women at the Helm: Succession Politics at the Children's Bureau, 1912–1968," *Social Work* 39 (September 1994): 554.

31. Harold E. Harrison, "A Tribute to the First Lady of Public Health: 5. The Disappearance of Ricketts," *American Journal of Public Health* 56 (1966): 734–737 (one in a series of papers dedicated to Dr Eliot on her 75th birthday).

32. Obituary, "Martha Eliot; Worked in Child Care."

33. Faderman, *To Believe in Women*, 303, and Lela B. Costin, *Two Sisters for Social Justice: A Biography of Grace and Edith Abbott* (Urbana: University of Illinois Press, 1983), 141–142, quoting from *Children and Youth in America: A Documentary History, Volume II: 1866–1932*, ed. Robert H. Bremner (Cambridge, Mass: Harvard University Press, 1971), 1014, 1013.

34. Bremner, *Children and Youth*, 1020, quoting *Illinois Medical Journal* 32 (1921): 143.

35. The passage from a letter by Emerson to Parks is quoted in Ellen S. More, *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850–1995* (Cambridge, Mass: Harvard University Press, 1999), 160. More discusses the warmth of Parks's correspondence with Eliot and quotes his way of signing off (p. 311).

36. Jonathan Ned Katz, *Gay American History* (New York: Crowell, 1976), 258–279; Katz, *Gay/Lesbian Almanac* (New York: Harper & Row, 1983), 516–522; Janet Miller, "Alan Hart and Edna Ruddick Hart: A Passing Woman Physician and Her Wife" (paper presented at Annual Meeting of the American Association for the History of Medicine; 1 May 1994; New York, NY); *The National Cyclopaedia of American Biography*, Vol. 51 (New York: James T. White & Company, 1969), 604–605

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